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4-17-00
SC

FORM TO BE USED BY A PRISONER FILING AN
APPLICATION TO PROCEED IN FORMA PAUPERIS
IN A 42 U.S.C. § 1983 CIVIL RIGHTS ACTION
IN THE UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF PENNSYLVANIA

I. CAPTION

BRADFORD JOHNSON

(Enter the full name of plaintiff or
plaintiffs)

v.

FILED
SCRANTON

APR 12 2000

PER 1/4
DEPUTY CLERK

SGTV JOSE RODRIGUEZ ~~OFFICER ELLING,~~
~~OFFICER JACKSON, AND SGT STEWART,~~

(Enter the full name of defendant or
defendants)

Instructions:

1 : CV00-0675

The caption of this application should be identical to the caption of the complaint. A separate application must be completed by each plaintiff listed in the caption. Show your full name in the first line of the declaration below. Provide all information requested.

II. DECLARATION

I, (your name) BRADFORD JOHNSON, declare that I am the plaintiff in the above-captioned 42 U.S.C. § 1983 civil rights action, and that I am entitled to proceed in forma pauperis pursuant to 28 U.S.C. § 1915 because of my inability to prepay the full \$150 fee to file this action or give security therefor. I understand that the granting of in forma pauperis status does not waive payment of the full filing fee.

In further support of this application, I provide the following information:

1. Do you presently have prison employment? yes () no ☒
2. If you are not employed do you have other income? yes () no ☒
3. If "yes" to either of above, state source of monthly income and amount.

source _____ amount _____

4. If "no," state date and place of last employment and amount of monthly income.

date and place Pension from Veterans Admin (STOPPED) While in Prison amount \$823.00 Monthly

5. Do you have money in a prison account? yes ☒ no () amount \$141.00
6. Do you have money in a bank account? yes ☒ no () amount \$15.00
7. Do you own or have an interest in valuable property such as an automobile, real estate, stocks, or bonds? yes () no ☒

If "yes," describe property _____ value _____

8. List the persons who depend on you for support, state their relationship to you, and how much you contribute toward their support.

9. State whether you have received within the past 12 months any money from any of the following sources:

- a. Business, profession or other form of self-employment yes () no ☒
- b. Rent payments, interest or dividends yes () no ☒
- c. Pensions, annuities or life insurance payments yes ☒ no ()
- d. Gifts or inheritances yes () no ☒
- e. Any other sources yes () no ☒

If the answer to any of the above is "yes," describe each source of money and state the amount received from each source during the past 12 months.

III. DECLARATION AND SIGNATURE

I declare under penalty of perjury that the foregoing is true and correct.

3-30-2000
DATE

Bradford Johnson
SIGNATURE OF PLAINTIFF

IV. CERTIFICATION

Instructions:

Request that an appropriate prison official provide: 1) the information below concerning your inmate trust fund account balances; and 2) a certified copy of your inmate trust fund account statement showing all deposits and withdrawals for the prior six-month period.

I certify that the applicant named herein has the sum of \$ 145.94 on account to his credit at the Rockview State Correctional institution where he is confined.

I further certify that during the last six months the applicant's average monthly account balance was \$ 287.33; and that the average monthly deposits during the during the last six months were \$ 175.95.

I further certify that the applicant has the following securities to his credit according to the records of said institution:

Omega Bank

3/31/00
DATE

Earl Walker

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL

Earl Walker - Clerical Supervisor 2, Inmate Acctg Dept.